

## FOREIGN SURPLUS LINES APPLICATION CHECKLIST

The following items need to be provided, please keep in same order as listed.

1. Complete the Surplus Lines Insurer Application Checklist
2. Payment of \$1,075 fee (\$1,000 Application and \$75 E-Commerce) to the Utah Department of Insurance.
3. Submit a letter addressed to the Commissioner requesting to be on the list.
4. Complete the Utah Department of Insurance Unauthorized (surplus lines) Insurer Application Information Form.
5. Submission of documentation establishing satisfactory evidence of good reputation and financial integrity. The following are required:
  - a. A minimum of three years business experience.
  - b. Most recent financial examination by the company's state of domicile.
  - c. NAIC UCAA Biographical Affidavits of the company's directors and key officers.
  - d. Certification that no states have taken regulatory action against the company. If regulatory action has been taken, a letter of explanation must be provided.
6. A certified copy of the company's current annual statement that was filed with the insurance regulatory authority in the state of domicile. If an alien insurer, a certified copy of its most current financial statement.
7. Evidence of compliance with the Risk-Based Capital Requirements of the National Association of Insurance Commissioners or Capital and Surplus of at least \$15,000,000, whichever is greater.
8. Evidence of a Policyholder Trust Fund/Statutory Deposit showing:
  - a. the company maintains in the United States an irrevocable trust fund in national bank or a member of the Federal Reserve system, in an amount of at least \$2,500,000 for the protection of all policyholders in the United States, which trust fund must consist of substantially the same character as qualified assets; OR

- b. Certificate of Deposit showing the company maintains a deposit meeting the statutory deposit requirements of insurers in the state where it is made, which deposit shall be in an amount of at least \$2,500,000 for the protection of all policyholders in the United States; OR
- c. In the case of any “Lloyd’s” or other similar incorporated or unincorporated group of alien individual insurers, show that it maintains a trust fund of at least \$50,000,000 as security to its full amount for all policyholders and creditors in the United States of each member of the group, which trust fund must consist of substantially the same character as qualified assets.

THE APPLICANT IS RESPONSIBLE TO ASSURE ALL INFORMATION REMAINS CURRENT WHILE THE APPLICATION IS UNDER REVIEW.

Applications should be submitted to:

The State of Utah Insurance Department  
3110 State Office Building  
Salt Lake City, Utah 84114  
Attn: Dava Berlinger-Buter  
Phone 801-538-3812  
dberlinger@utah.gov

Utah Insurance Department  
Unauthorized (Surplus Lines) Insurer

**APPLICATION INFORMATION FORM**

Application fee - \$1000.00 \_\_\_\_\_ E-Commerce Fee - \$75.00 \_\_\_\_\_

Date organized: \_\_\_\_\_ State or Country of Domicile: \_\_\_\_\_

Company NAIC Number (if applicable) \_\_\_\_\_ Group Number \_\_\_\_\_

FEIN Number \_\_\_\_\_

Type of Company:    Stock \_\_\_\_\_ Mutual \_\_\_\_\_                  Reciprocal \_\_\_\_\_  
                                 Other \_\_\_\_\_

Is the Company a subsidiary? If yes, list the parent company:

List states and countries in which the company is an admitted, licensed Insurer:

List states in which the company is a recognized surplus lines Insurer:

List authorized reinsurer(s):

Indicate the lines of Insurance the company is authorized to write in its state or country of domicile:

\_\_Disability    \_\_Property    \_\_Surety    \_\_Liability    \_\_Vehicle Liability

\_\_Marine Trans                  \_\_Workers Cmp                  \_\_Bail Bonds    \_\_Mortgage Gty

\_\_Professional Liability (excluding Medical Malpractice)

\_\_Professional Liability (including Medical Malpractice)

\_\_Other \_\_\_\_\_

Provide a detailed list of the types of insurance products you propose to write as a surplus lines Insurer in Utah, and your plan of operation for Utah. Explain why each of these products is more appropriate in the surplus lines market rather than the admitted market. Attach the list to this form.

Is the company an underwriting Insurer for any Risk Purchasing Groups organized under the Risk Retention Act of 1986? Yes\_\_\_\_ No\_\_\_\_

If yes, list the name(s) of the Risk Purchasing Group(s):

Signed at \_\_\_\_\_ this \_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

**Utah Insurance Department  
Company Address Information Form**

<b><u>Statutory Home Office Address</u></b>	Contact Name _____
Street _____	Phone _____
Number _____	
P0 Box _____	Toll Free _____
Number _____	
City _____	Fax _____
Number _____	
State/ZIP _____	Email _____

<b><u>Mailing Address</u></b>	Contact Name _____
Street _____	Phone _____
Number _____	
P0 Box _____	Toll Free _____
Number _____	
City _____	Fax _____
Number _____	
State/ZIP _____	Email _____

**Company Renewal Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
P0 Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Fraud Assessment Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
P0 Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Service of Process** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
P0 Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Complaints Contact** Contact Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
P0 Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

**Billing Address** Contact \_\_\_\_\_  
Name \_\_\_\_\_  
Street \_\_\_\_\_ Phone \_\_\_\_\_  
Number \_\_\_\_\_  
P0 Box \_\_\_\_\_ Toll Free \_\_\_\_\_  
Number \_\_\_\_\_  
City \_\_\_\_\_ Fax \_\_\_\_\_  
Number \_\_\_\_\_  
State/ZIP \_\_\_\_\_ Email \_\_\_\_\_

All address fields must be completed.

Updated 4-17-2013